

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-045327

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

11551

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 5 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Illinois

b. COUNTY

Jefferson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b  
9 hours

c. CITY OR TOWN Belle Rive

Inside Limits  
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Louis Children's Hospital

Inside Limits  
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

None

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)

First JUDY

Middle RAE

Last COLE

4. DATE OF DEATH

Month

Day

Year

11

21

63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

11-20-63

9. AGE (last birthday)

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (City and state or country)

Mt. Vernon, Illinois

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Lyndell Ray Cole

13b. MOTHER'S MAIDEN NAME

Carol Reid

14. NAME OF HUSBAND OR WIFE

Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT St. Louis, Missouri

Ann Pryor 500 S. Kingshighway

18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RESPIRATORY ARREST

INTERVAL BETWEEN ONSET AND DEATH

SUDDEN

DOE TO (b)

ACUTE PNEUMONITIS + PNEUMOTHORAX

12 HRS

DOE TO (c)

TRACHEO-ESOPHAGEAL FISTULA

CONGENITAL

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

IMPERFORATE ANUS

7562

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from NOVEMBER 20, 1963, to NOVEMBER 21, 1963, and last saw her alive on 11/21/63. Death occurred at 4:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-23-63

23c. NAME OF CEMETERY OR CREMATORY

Flint Cemetery

23d. LOCATION (City, town, or county)

Belle Rive, Illinois

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Johnson Home M & Cleanse

NOV 22 1963

Earl Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Y97210-128

17811

2001

216

72398A 49074219239

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

CUA 574207239M. 4

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed James L. Creason

Licensed Embalmer No. 5168

8/15/11

80715 2344304

80715 2344304

O. Address Millstadt, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*[Handwritten signature]*